



# COLORADO OIL & GAS CONSERVATION COMMISSION

## NORTHWEST REGION INSPECTION REPORT

<input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		P O BOX 98 LOMA, CO 81524 (970)-858-7521	
API No. 05- 107 - 5080		LEASE NAME: State #3	
LOCATION: SENW 18, 6N, 86W		OPERATOR: Allen O&G	
DATE: 1-12-99		INSPECTOR: JAIME ADKINS MOBIL (970)-250-2440	
INSP TYPE <del>CO</del> <del>PR</del>	INSP STATUS PR	PA Y <input checked="" type="checkbox"/> N	PASS/FAIL <input checked="" type="checkbox"/> P F
VIOLATION <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N		NOV <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	
UIC VIOL TYPE	UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT <input type="checkbox"/>	TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>
ALL UIC VIOLATIONS REQUIRE NOAVS			
Well ID Signs (Rule 210)	present, no name <input type="checkbox"/>	Fences n/a	<input type="checkbox"/>
<b>Production Pits</b> (Rule 902, 903, 904) EARTHEN PITS ONLY		PRODUCED WATER PITS TOTAL # _____ OIL ACCUMULATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SKIMMING/SETTLING PITS TOTAL # _____ COVERED # _____ UNCOVERED # _____ SPECIAL PURPOSE PITS TOTAL # _____ LINED # _____ UNLINED # _____ COMMENTS/SIZE <i>Emergency overflow pit 10x10' dry/snow 1' deep</i>	
SENSITIVE AREA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Tank Battery Equipment (Rule 604)	<i>Central at State #1 site. This location has 1 RPM (active) w/ elec PM.</i> <input type="checkbox"/>		
BURIED OR PARTIALLY BURIED VESSELS : #STEEL		#FIBERGLASS	#CONCRETE #OTHER
Fire Walls/Berms/Dikes (Rule 604)	<i>n/a</i> <input type="checkbox"/>		
General Housekeeping (Rule 603.G)	<i>Still some junk &amp; pipe on location</i> <input type="checkbox"/>		
Spills (Oil/Water) (Rule 908)	<i>Leaking stuffing box fresh oil on tree &amp; ground around wellhead &amp; in cellar</i> <input type="checkbox"/>		
UIC ROUTINE INSPECTION FILL OUT FORM 21 WHEN WITNESSING MIT	INJ PRESSURE _____ PSIG	COMMENTS	
	T-C ANN PRESSURE _____ PSIG		
	BRHD PRESSURE _____ PSIG		
Drilling Well/Workover (Rule 315)	<i>_____</i> <input type="checkbox"/>		
Surface Rehabilitation (Rule 317)	<i>_____ too much snow to take</i> <input type="checkbox"/>		
Miscellaneous	<i>_____</i> <input type="checkbox"/>		
CORRECTIVE ACTION REQUIRED: <i>Remove pipe &amp; debris</i>			
Date Corrective Action Required By: <i>me NOAV</i>		Date Remedied:	

This report is a Notice of Inspection. The Commission requires that you correct any deficiencies shown on this report in a timely manner. Failure to comply may result in enforcement action by the Commission.

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